

Enrollment Form

for WIC, CSFP, or HCP families.

Parent/Guardian Information:

☐ Family Size

Parent/Guardian's Name

Address

City, State, Zip Code

County

() Home Phone

() Work Phone

Social Security Number

Child(ren)'s Information: Please list the name, date of birth, and social security number for each child enrolling in the health plan. Attach a copy of proof of birth for each child.

1. _____ M or F
First Name Last Name

Social Security Number Date of Birth

2. _____ M or F
First Name Last Name

Social Security Number Date of Birth

3. _____ M or F
First Name Last Name

Social Security Number Date of Birth

4. _____ M or F
First Name Last Name

Social Security Number Date of Birth

Are there any other children in the family who are not listed above? _____

Please write names and ages here: _____

Please complete and sign this enrollment form.

1. I or my child(ren) are enrolled in (check one):

☐ WIC ☐ CSFP ☐ HCP

2. Have you applied for Medicaid for yourself and/or your child(ren) within the past 12 months? ☐ Yes ☐ No

If the answer is yes, and you have been denied Medicaid, please send a copy of the denial to us.

If you are currently receiving Medicaid for any child, that child is not eligible for the CCHP at this time.

3. Does any part of the income you've reported to WIC, CSFP, or HCP come from SSI? ☐ Yes ☐ No

4. List each vehicle that your family owns _____

How much are they worth now? \$ _____

How much do you owe on them? \$ _____

5. How much cash does your family have on hand? Include cash, bank accounts, stocks and bonds, & cash value in life insurance. \$ _____

6. Do you or a family member own a house, land, real property or a business? ☐ yes ☐ no
If yes, what is the total value? \$ _____
How much do you still owe? \$ _____

Select a primary care practice from the list provided.

Practice name: _____

☐ Child(ren) is presently a patient of this practice.

Do you have other health insurance for the child(ren)?

☐ yes ☐ no

You will still qualify if the deductible is \$250 or higher per person.

Insurance company and plan number Individual deductible

I certify that the information provided is accurate and complete. I understand that if I knowingly make false statements I am committing a class 2 misdemeanor.

Please sign below:

I, _____
Parent/guardian signature Date

affirm that the above information is true, and authorize the release of income information from my WIC, CSFP, or HCP application be released to the Colorado Child Health Plan for the sole purpose of enrolling my child(ren) in that health plan. I release the provider under the CCHP from any liability or claims pertaining to the disclosure of pertinent financial, medical and nursing information from my child(ren)'s case record to CCHP, for use as determined by CCHP to accomplish its purpose.

Return to:

Colorado Child Health Plan
5250 Leetsdale Drive
Suite 105
Denver, Colorado 80222
1-800-359-1991
372-2160 (Metro Area)



Send in the enrollment form today!

Health care for your child for only \$25 a year?

WIC

Nutrition Program for Women, Infants, and Children

CSFP

Commodity Supplemental Food Program

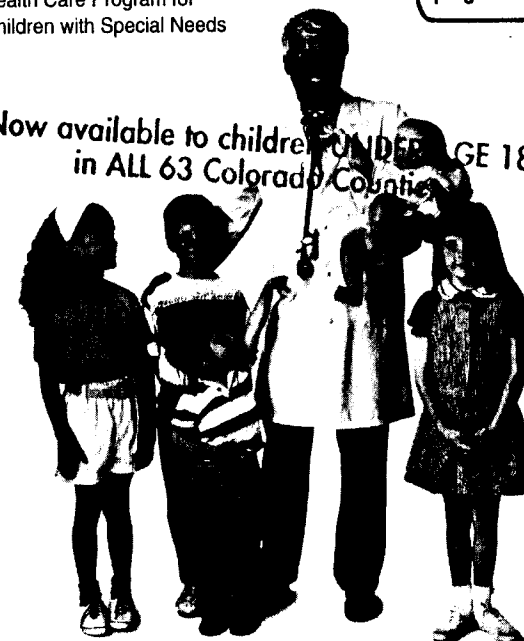
HCP

Health Care Program for Children with Special Needs



Your child may be automatically eligible if you or a child is enrolled in one of these programs.

Now available to children UNDER AGE 18 in ALL 63 Colorado Counties



COLORADO

CHILD HEALTH

PLAN

Administered by the University of Colorado Health Science Center

The Colorado Child Health Plan offers **easy enrollment** for children enrolled in one of these programs:

■ WIC ■ CSFP ■ HCP

Brothers and sisters
age 12 and under
are also eligible.



How do I find out if my child qualifies?

Your children may qualify if:

- you live in a participating county,
- you or any of your children receive benefits from WIC or CSFP, or HCPSN,
- your children are age 12 and under, and
- your children are not eligible for Medicaid.

Just fill out the form in this pamphlet and mail it in with the small fee. We will send you a packet with a card for each qualifying child. If you do not qualify, we will notify you and return your fee.

How much does it really cost?

You pay \$25 per year per child, (but not more than \$150 per family,) plus a small copayment of \$2 for each visit.

What services are covered?

When you visit your participating primary care provider or a participating specialty care provider, with a referral; you pay a \$2 copayment for each visit and we pay the rest up to a maximum of \$10,000 per child per year for:

- Well-child care and immunizations
- Care for acute illness, chronic illness, and injuries
- Emergency care
- Diagnostic tests (some must be pre-authorized)
- Outpatient surgery (when pre-authorized)
- Other medically necessary outpatient care
- Evaluation for ADHD
- Short-term PT, OT, speech and hearing therapy, when authorized
- Many pediatric prescriptions.

Which doctors will care for my child(ren)?

You select a primary care practice from the list of participating practices in your area. Any doctor in that practice can see your child for well-child check-ups, illness or injury, and will provide referrals to labs, specialists, and other health care facilities when needed. Many physicians in each active community participate.

What if my child needs hospitalization?

CCHP does not cover inpatient hospitalization. However, children who are enrolled in the CCHP are usually eligible for discounted rates for inpatient care from participating hospitals under the Colorado Indigent Care Program. An additional application may be required.

How do I enroll my child(ren)?

Just fill out the attached form and send it, with a check or money order for \$25 per child (no more than \$150 per family), in an envelope to the address at the top of the form. *For each child, please send a copy of proof of birth.*

If you qualify, your child(ren) will be covered starting the date postmarked on the envelope. If you do not qualify, we will notify you and return your fee.

Not enrolled in WIC, CSFP or HCP?

Call the Plan for a full application at

1-800-359-1991
(outside Metro Area)

372-2160
(in Metro Area)

We're very
friendly!



This plan is available to children living in these counties:

Eastern Plains:

Baca
Bent
Cheyenne
Crowley
Custer
Elbert
Fremont
Huerfano
Kiowa
Kit Carson
Las Animas
Lincoln
Logan
Morgan
Otero
Phillips
Prowers
Sedgwick
Washington
Yuma

Mineral
Moffat
Montrose
Montezuma
Ouray
Park
Pitkin
Rio Blanco
Routt
San Juan
San Miguel
Summit

Front Range:

Adams
Arapahoe
Clear Creek
Douglas
El Paso
Jefferson
Larimer
Pueblo
Teller

Western Slope:

Archuleta
Chaffee
Delta
Dolores
Eagle
Garfield
Grand
Gunnison
Hinsdale
Jackson
Lake
LaPlata
Mesa